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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF SOUTH CAROLINA	_	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1: Identify Yourself			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):	
1.	Your full name			
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Cherrie First name Ann	First name	
	Bring your picture identification to your meeting with the trustee.	Middle name Kennedy Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)	
2.	All other names you have used in the last 8 years			
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-9253		

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Debtor 1 Cherrie Ann Kennedy

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	Business name(s)			
		EINs	EINs			
5.	Where you live	290 Christian Road	If Debtor 2 lives at a different address:			
		Mc Cormick, SC 29835 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		McCormick				
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		PO Box 51673 Greenwood, SC 29649	Number DO Don Obert O'to Otela 9 7/D Only			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for	Check one:	Check one:			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

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		Document Page 3 of 30	
Debtor 1	Cherrie Ann Kennedy	Case number (if known)	

ar	Tell the Court About	Your E	Bankruptcy Ca	ise					
7.	The chapter of the Bankruptcy Code you are				n of each, see <i>Notice Require</i> of page 1 and check the appro	ed by 11 U.S.C. § 342(b) for Individopriate box.	uals Filing for Bankruptcy		
	choosing to file under	☐ Chapter 7							
		□ Chapter 11							
			Chapter 12						
			Chapter 13						
3.	How you will pay the fee	•	about how yo	u may pay. Ty attorney is sub	e check with the clerk's office in you fee yourself, you may pay with cash ir behalf, your attorney may pay wit	n, cashier's check, or money			
					stallments. If you choose this ofts (Official Form 103A).	s option, sign and attach the Applic	ation for Individuals to Pay		
			I request that but is not req	t my fee be w	aived (You may request this your fee, and may do so only	option only if you are filing for Chapy if your income is less than 150%	of the official poverty line that		
						fee in installments). If you choose (Official Form 103B) and file it with			
).	Have you filed for bankruptcy within the	■ N							
	last 8 years?	ПΥ	es.						
			District		When	Case number			
			District		When	Case number			
			District		When	Case number			
10.	Are any bankruptcy cases pending or being	■ N	0						
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	ΠY	es.						
			Debtor			Relationship to y	/ou		
			District		When	Case number, if	known		
			Debtor			Relationship to y	you		
			District		When	Case number, if	known		
11.	Do you rent your residence?	■ N	o. Go to I	ine 12.					
		ΠY	es. Has yo	ur landlord obt	tained an eviction judgment a	against you?			
				No. Go to line	12.				
				Yes. Fill out II this bankrupto		ction Judgment Against You (Form	101A) and file it as part of		

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Deb	tor 1 Cherrie Ann Kenn	edy		Document Page 4 of 58 Case number (if known)
Par	Report About Any Bu	sinesses `	You Own	as a Sole Proprietor
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.
		☐ Yes.	Name	and location of business
	A sole proprietorship is a			
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	of business, if any
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, State & ZIP Code
	it to this petition.		Check	the appropriate box to describe your business:
				Health Care Business (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as defined in 11 U.S.C. § 101(53A))
				Commodity Broker (as defined in 11 U.S.C. § 101(6))
				None of the above
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	s. If you in	der Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate dicate that you are a small business debtor, you must attach your most recent balance sheet, statement of bus statement, and federal income tax return or if any of these documents do not exist, follow the procedure 1)(B).
	For a definition of small	No.	I am n	ot filing under Chapter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am fi Code.	ling under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am fi	ling under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Par	Report if You Own or	Have Any	Hazardo	us Property or Any Property That Needs Immediate Attention
			Tiuzuiuo	as Froperty of Any Froperty That Needla milliounde Attention
14.	Do you own or have any property that poses or is	■ No.		
	alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is t	he hazard?
	public health or safety? Or do you own any property that needs immediate attention?			iate attention is why is it needed?
	For example, do you own perishable goods, or livestock that must be fed,		Where is	the property?

Number, Street, City, State & Zip Code

or a building that needs urgent repairs?

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Debtor 1 Cherrie Ann Kennedy

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Det	otor 1 Cherrie Ann Kenn	edy		Case num	nber (if known)				
Par	t 6: Answer These Quest	ions for Re	porting Purposes						
16.	What kind of debts do you have?			consumer debts? Consumer debts are crsonal, family, or household purpose."	lefined in 11 U.S.C. § 101(8) as "incurred by an				
			☐ No. Go to line 16b.						
			Yes. Go to line 17.						
			Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.						
			■ No. Go to line 16c.						
			☐ Yes. Go to line 17.						
		16c.	State the type of debts you	owe that are not consumer debts or busing	ness debts				
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapte	er 7. Go to line 18.					
	Do you estimate that after any exempt property is excluded and	☐ Yes.	I am filing under Chapter 7. are paid that funds will be a	. Do you estimate that after any exempt payailable to distribute to unsecured credito	roperty is excluded and administrative expenses rrs?				
	administrative expenses		□ No						
	are paid that funds will be available for		☐ Yes						
	distribution to unsecured creditors?								
18.	How many Creditors do you estimate that you owe?	■ 1-49		□ 1,000-5,000	□ 25,001-50,000				
		☐ 50-99		5001-10,000	☐ 50,001-100,000				
		☐ 100-19		□ 10,001-25,000	☐ More than100,000				
		200-99	9						
19.	How much do you estimate your assets to	□ \$0 - \$5		☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion				
	be worth?		1 - \$100,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million	□ \$1,000,000,001 - \$10 billion				
			01 - \$500,000 01 - \$1 million	□ \$100,000,001 - \$100 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion				
20.	How much do you	□ \$0 - \$5	0.000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion				
	estimate your liabilities to be?		01 - \$100,000	□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion				
	10 00.		01 - \$500,000	□ \$50,000,001 - \$100 million	\$10,000,000,001 - \$50 billion				
		□ \$500,0	01 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion				
Par	t 7: Sign Below								
For	you	I have exa	ave examined this petition, and I declare under penalty of perjury that the information provided is true and correct.						
				7, I am aware that I may proceed, if eligik relief available under each chapter, and	ole, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7.				
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).							
		I request r	elief in accordance with the	chapter of title 11, United States Code, s	pecified in this petition.				
		bankruptc and 3571.	y case can result in fines up		y or property by fraud in connection with a 0 years, or both. 18 U.S.C. §§ 152, 1341, 1519,				
			ie Ann Kennedy Ann Kennedy	Signature of Del	otor 2				
			of Debtor 1	Oignature of Del	5.0. 2				
		Executed	on December 16, 201						
			MM / DD / YYYY		MM / DD / YYYY				

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Debtor 1 Cherrie Ann Kennedy Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

	T. Compton	Date	December 16, 2019
Signature of	Attorney for Debtor		MM / DD / YYYY
Alecia T. C	Compton		
Printed name	<u>-</u>		
Alecia Cor	npton Law Office, LLC		
Firm name			
109 Oak A	venue		
Suite A			
Greenwoo	d, SC 29646		
Number, Street,	City, State & ZIP Code		
Contact phone	(864) 450-9042	Email address	alecia@aleciacomptonlawoffice.com
5847 SC			
Par number 9 Ct	ento		

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			<u> </u>		
Fill in this infor	mation to identify your	case:			
Debtor 1 Cherrie Ann Kennedy					
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	DISTRICT OF SOUTH	CAROLINA		
Case number					
(if known)					

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

aı	t 1: Summarize Your Assets		
			assets of what you own
_			,
•	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	376,691.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	137,803.0
	1c. Copy line 63, Total of all property on Schedule A/B	\$	514,494.00
Pai	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	428,736.50
	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	2,000.0
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	25,314.00
	Your total liabilities	\$	456,050.50
aı	t 3: Summarize Your Income and Expenses		
	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	8,461.22
	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	5,778.5
Pai	t 4: Answer These Questions for Administrative and Statistical Records		
i.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other so	hedules.
7 .	■ Yes What kind of debt do you have?		
	•		

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Cherrie Ann Kennedy

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

3,343.93 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Port A on Cabadula F/F camusha fallowing.	Total cla	nim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	2,000.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	2,000.00

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		200 2	Doc	ument	Page 10 of 58	.0,_0 00:-	0 _		
Fill in this infor	mation to identify	your case and th	is filing	g:					
Debtor 1	Cherrie Anr	Kennedy							
	First Name	Middle	Name		Last Name				
Debtor 2 (Spouse, if filing)	First Name	Middle	Name		Last Name				
United States Ba	ankruptcy Court fo	the: DISTRICT	OF SOI	UTH CAROL	INA				
	,,								
Case number					_				Check if this is an amended filing
Official Fo	orm 106A/E	3							
_	le A/B: P	_							12/15
hink it fits best. I nformation. If mo Answer every que	Be as complete and re space is needed, stion.	accurate as possibl attach a separate sl	e. If two neet to t	married peop his form. On t	an asset fits in more than o ble are filing together, both a he top of any additional pag	re equally resp	onsible for su	pplyir	ng correct
					own or Have an Interest In				
. Do you own or	have any legal or e	quitable interest in a	ny resid	lence, buildin	g, land, or similar property?				
☐ No. Go to Pa	art 2.								
Yes. Where	is the property?								
1.1			What	t is the proper	ty? Check all that apply				
	icestershire Str s, if available, or other de			Single-family	home				r exemptions. Put
Street address	s, il avallable, ol otilei de	scription			ulti-unit building 		e amount of any secured claims on <i>Schedu</i> reditors Who Have Claims Secured by Prop		
				Condominiu	m or cooperative				
				Manufacture	d or mobile home	Current va	due of the	Cur	rent value of the
Woodbrid	dge VA	22191-0000		Land		entire proj			tion you own?
City	State	ZIP Code			property	\$32	21,900.00		\$321,900.00
				Timeshare					wnership interest
			₩ho	Other	st in the property? Check one		ee simple, ten: :e), if known.	ancy b	by the entireties, or
			W110	Debtor 1 onl		Fee sim	•		
Prince W	illiam				-				
County				Debtor 1 and	Debtor 2 only	— Chool	k if this is com	munit	ty property
				At least one	of the debtors and another		structions)	munit	y property
				r information erty identifica	you wish to add about this i tion number:	tem, such as lo	ocal		
			suri	render					

Official Form 106A/B Schedule A/B: Property page 1 Case 19-06598-hb Doc 1 Filed 12/18/19 Entered 12/18/19 09:14:23 Desc Main Document Page 11 of 58

Cherrie Ann Kennedy Case number (if known)

1.2 	f you own or ha 290 Christian Ro	ve more	than one, list				
2	290 Christian Ro			here:			
	290 Christian Ro	200 Christian Poad		What is the property? Check	all that apply		
8	Street address, if available, or other description			Single-family home	aims or exemptions. Put		
	otreet address, if available	e, or other des	scription	Duplex or multi-unit bu	uilding	the amount of any secure Creditors Who Have Clair	
				☐ Condominium or coop	perative		, , ,
					ile home	Current value of the	Current value of the
N	Mc Cormick	SC	29835-0000	Land		entire property?	portion you own?
С	City	State	ZIP Code	☐ Investment property		\$64,460.00	\$54,791.00
				☐ Timeshare		Describe the nature of y	our ownership interest
				Other		(such as fee simple, ten a life estate), if known.	ancy by the entireties, or
				Who has an interest in the part of the Debtor 1 only	property? Check one	Life Estate	
N	McCormick .			Debtor 2 only			
_	County			Debtor 1 and Debtor 2	2 only		
	·			At least one of the del	•	Check if this is com	nmunity property
				Other information you wish		,	
				property identification num		n, suon as local	
omeor	ne else drives. If yo	ou lease a		erest in any vehicles, whethe port it on Schedule G: Executor			ehicles you own that
□ N	/oo		oort utility vehic	eles, motorcycles	y contracts and one	expired Leases.	,
□ N ■ Y	'es		oort utility vehic	eles, motorcycles	y Contiduote and One	expired Leases.	,
■ Y	'es Make: Hyund	ai	oort utility vehi	eles, motorcycles Who has an interest in the prope	,	Do not deduct secured cl	aims or exemptions. Put
■ Y			oort utility vehi	•	,	Do not deduct secured cl	aims or exemptions. Put ed claims on <i>Schedule D:</i>
■ Y	Make: Hyund			Who has an interest in the prope	,	Do not deduct secured cl	aims or exemptions. Put ed claims on <i>Schedule D:</i>
■ Y	Make: Hyund Model: Elantra	3	51,000	Who has an interest in the prope	,	Do not deduct secured ci the amount of any secure Creditors Who Have Clair	aims or exemptions. Put ed claims on Schedule D: ims Secured by Property.
■ Y	Make: Hyund Model: Elantra Year: 2016	3		Who has an interest in the prope ☐ Debtor 1 only ☐ Debtor 2 only	erty? Check one	Do not deduct secured cl the amount of any secure Creditors Who Have Clar Current value of the	aims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the
■ Y	Make: Hyund Model: Elantra Year: 2016 Approximate mileage Other information: VIN# KMHDH4A	e:	51,000	Who has an interest in the prope ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	erty? Check one	Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property?	aims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own?
■ Y	Make: Hyund Model: Elantra Year: 2016 Approximate mileage Other information:	e: AE7GU48	51,000	Who has an interest in the prope ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	erty? Check one another	Do not deduct secured cl the amount of any secure Creditors Who Have Clar Current value of the	aims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own?
3.1	Make: Hyund Model: Elantra Year: 2016 Approximate mileage Other information: VIN# KMHDH44 Location: 290 C Mc Cormick SC Make: Hyund	e: AE7GU48 Christian C 29835	51,000	Who has an interest in the prope □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only ■ At least one of the debtors and □ Check if this is community pr	erty? Check one another operty	Do not deduct secured of the amount of any secure Creditors Who Have Clar Current value of the entire property? \$10,325.00	aims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$10,325.00
3.1 San American S	Make: Hyund Model: Elantra Year: 2016 Approximate mileage Other information: VIN# KMHDH4/Location: 290 CMc Cormick SC Make: Hyund Model: Genesi	e: AE7GU48 Christian C 29835	51,000	Who has an interest in the prope □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only ■ At least one of the debtors and □ Check if this is community pr	erty? Check one another operty	Do not deduct secured of the amount of any secure Creditors Who Have Clar Current value of the entire property? \$10,325.00	aims or exemptions. Put ed claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$10,325.00 aims or exemptions. Put ed claims on Schedule D:
3.1 San American S	Make: Hyund Model: Elantra Year: 2016 Approximate mileage Other information: VIN# KMHDH4A Location: 290 C Mc Cormick SC Make: Hyund Model: Genesi Year: 2015	e: AE7GU48 Christian C 29835 ai	51,000 37160 Road,	Who has an interest in the prope Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this is community pr (see instructions) Who has an interest in the prope Debtor 1 only Debtor 2 only	erty? Check one another operty	Do not deduct secured of the amount of any secure Creditors Who Have Clar Current value of the entire property? \$10,325.00 Do not deduct secured of the amount of any secure Creditors Who Have Clar Current value of the	aims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$10,325.00 aims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the
3.1 3.2	Make: Hyund Model: Elantra Year: 2016 Approximate mileage Other information: VIN# KMHDH4A Location: 290 C Mc Cormick SC Make: Hyund Model: Genes Year: 2015 Approximate mileage	e: AE7GU48 Christian C 29835 ai	51,000	Who has an interest in the prope Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this is community pr (see instructions) Who has an interest in the prope Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	erty? Check one another coperty erty? Check one	Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property? \$10,325.00 Do not deduct secured of the amount of any secure Creditors Who Have Clair	aims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$10,325.00 aims or exemptions. Put ed claims on Schedule D: ims Secured by Property.
3.1 3.2	Make: Hyund Model: Elantra Year: 2016 Approximate mileage Other information: VIN# KMHDH4A Location: 290 C Mc Cormick SC Make: Hyund Model: Genesi Year: 2015	e:	51,000 37160 Road,	Who has an interest in the prope Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this is community pr (see instructions) Who has an interest in the prope Debtor 1 only Debtor 2 only	erty? Check one another coperty erty? Check one	Do not deduct secured of the amount of any secure Creditors Who Have Clar Current value of the entire property? \$10,325.00 Do not deduct secured of the amount of any secure Creditors Who Have Clar Current value of the	aims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$10,325.00 aims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the

Official Form 106A/B Schedule A/B: Property page 2

Home Quick Search Address Search GPIN/Account Search Sales Search

15053 LEICESTERSHIRE ST

8391-03-4720.02

Fireplaces

General Info Notes Map

Account Number Owner Name Owner Address

Property Information				
Property Address:				
15053 LEICESTERSHIRE ST				
WOODBRIDGE VA 22191				

044 - Condo Mul

Description

RYAN CONDOS AT POTOMAC CLUB II PH 8 UNIT 90

		Assessment I	nfo		2019 Assessm	ent	
Neighborhood Fire House Special District Zoning		01374 Potomac Club Stacked Condos 11 - OWL			Land - Market Value \$87,5 Land - Use Value \$0		
		Planne	ed N	lixed Res.	Total - Market Value		
		Acres			0.0	000	
	(<< Previous Card	1)	Card 1 of 1	Next Card >>		
			Di	velling Information	***************************************		
# of Stories	2	# Bedrooms	3	Card Level Use Code	044 - Condo Muli	rinley	
Year Built	2011	Full Baths	2	Basement Type	0 Not Applicat		
Fin Area	2502	Half Baths	1	Style	13 Condo - TH En		
Unfin Area	0	0 Basement Area		Exterior Wall	99 Not Applicable (Condominum)		

Card - 1	•	•
THE ATTERNITOR OF COMPANY WORKS AND	Improvements	
IMPR Typ Addition Addition		cription Area r Att - 1 Car 215

0 Fin Basement 0 Parcel Level Use Code

AN PHILOSOP AND DESCRIPTION OF THE PROPERTY OF	Assessi	ment History			
Reason	Year	Land	Use	IMPR	Total
General Reassessment	2019	\$87,500	\$0	\$234,400	\$321,900
General Reassessment	2018	\$83,300	\$0	\$228,900	\$312,200
General Reassessment	2017	\$81,700	\$0	\$233,100	\$314,800
General Reassessment	2016	\$80,100	\$0	\$229,300	\$309,400
General Reassessment	2015	\$80,100	\$0	\$230,300	\$310,400
General Reassessment	2014	\$77,000	\$0	\$224,500	\$310,400
General Reassessment	2013	\$75,500	\$0	\$223,700	\$299,200
General Reassessment	2012	\$72,900	\$0	\$214,500	\$299,200

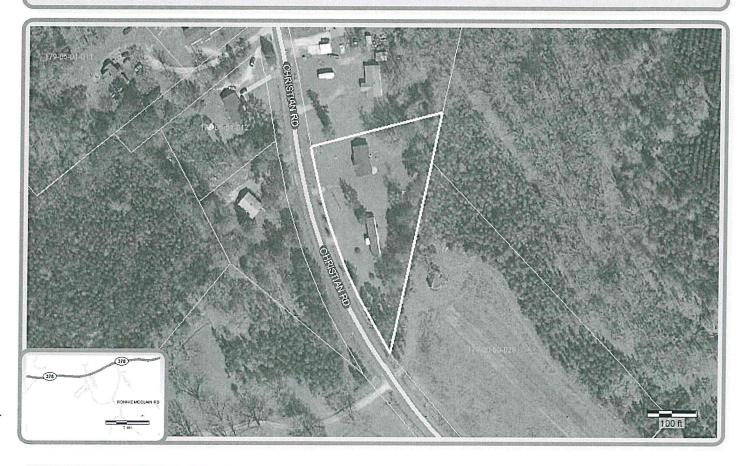
Transfer History					
Date	Sale Amount	Owner	Transfer Type	Conveyance Number	
2011/06/27	\$315,780	KENNEDY CHERRIE	BB	201106270052661	

Click here for transfer type code descriptions

Last Updated: 12/11/2019

Parcel Information Report

179-05-02-010.



Map Number 179-05-02-010.	Legal Description1	Plat Book
Owner Name KENNEDY CHERRIE A	Legal Description2	Plat Page
Mailing Address1	Total Acreage 0.00	Description Location1
Mailing Address2 PO BOX 51673	Deed Book 279	Description Location2
Mailing Address3 GREENWOOD, SC	Deed Page 59	Sale Price \$10.00
ZipCode 296490045	Class1 Code EX	Sale Date 2015/05/20
Physical Address	Square Feet 1345	
Year Built 0	Total Number Acres	
Market Acres	Total Number Bldgs	
Market Appraisal 64460	Total Number Lots	
Market Lots 6000		

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Debtor 1	Cherrie Ann Kennedy	Ca	Case number (if known)		
3.3 Mak	_{ke:} Toyota	Who has an interest in the property? Check one	Do not deduct secured cla		
Mod	0	Debtor 1 only	the amount of any secure Creditors Who Have Clair		
Yea		Debtor 2 only		, , ,	
	proximate mileage: 212,00		Current value of the entire property?	Current value of the portion you own?	
	er information:	At least one of the debtors and another		, ,	
VIN	# 5TDBT48A74S233252	7			
	cation: 290 Christian Road, Cormick SC 29835	Check if this is community property (see instructions)	\$4,325.00	\$4,325.00	
3.4 Mak	ke: Chrysler	Who has an interest in the property? Check one	Do not deduct secured cla		
Mod	del: 300 LX	■ Debtor 1 only	Creditors Who Have Clair		
Yea	ar: 2008	Debtor 2 only	Current value of the	Current value of the	
Арр	proximate mileage: 76,00	0 □ Debtor 1 and Debtor 2 only	entire property?	portion you own?	
Oth	er information:	☐ At least one of the debtors and another			
Loc	I# 2C3KA43R28H141722 cation: 290 Christian Road, Cormick SC 29835	☐ Check if this is community property (see instructions)	\$2,225.00	\$2,225.00	
Part 3: De	escribe Your Personal and Househo	rite that number hereld Items e interest in any of the following items?	C F	Current value of the cortion you own? On not deduct secured laims or exemptions.	
Exampl	nold goods and furnishings vles: Major appliances, furniture, lin	ens, china, kitchenware		iaims of exemptions.	
□ No ■ Yes.	. Describe				
	1	gerator, Microwave, Cooking Utensils, Silverw	are,		
	Cookware Location: 29	0 Christian Road, Mc Cormick SC 29835		\$900.00	
	Enumitarus inc		. 2		
	chairs, bedro		; &		
		cluding living room, dining room, kitchen table oom, 3 dressers, 2 nightstands, lamps 0 Christian Road, Mc Cormick SC 29835		\$1,500.00	
□ No	les: Televisions and radios; audio, including cell phones, camera	oom, 3 dressers, 2 nightstands, lamps 0 Christian Road, Mc Cormick SC 29835 video, stereo, and digital equipment; computers, printer	rs, scanners; music collection	\$1,500.00	
Example No	les: Televisions and radios; audio,	oom, 3 dressers, 2 nightstands, lamps 0 Christian Road, Mc Cormick SC 29835 video, stereo, and digital equipment; computers, printer	rs, scanners; music collection	· · · · · · · · · · · · · · · · · · ·	

Official Form 106A/B Schedule A/B: Property page 3

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D	ebtor 1	Cherrie Ann Kennedy Case number (if know	n)					
8.	Example:	ectibles of value mples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles						
	■ No	Describe						
^								
9.	Example.	nt for sports and hobbies s: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoe musical instruments	es and kayaks; carpentry tools;					
	■ No □ Yes. [Describe						
10	·	s es: Pistols, rifles, shotguns, ammunition, and related equipment						
	□ No ■ Ves 1	Describe						
	— 165. I	Jesuine						
		9mm Location: 290 Christian Road, Mc Cormick SC 29835	\$300.00					
		.22 shotgun Location: 290 Christian Road, Mc Cormick SC 29835	\$200.00					
		M16 Rifle						
		Location: 290 Christian Road, Mc Cormick SC 29835	\$500.00					
	□ No	Describe						
		Clothes, shoes, hats, belts, coats Location: 290 Christian Road, Mc Cormick SC 29835	\$500.00					
12	□ No	es: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems Describe Costume jewelry including earrings & bracelets Location: 290 Christian Road, Mc Cormick SC 29835	s, gold, silver \$100.00					
13	Example ☐ No	m animals es: Dogs, cats, birds, horses Describe						
		Dog						
		Location: 290 Christian Road, Mc Cormick SC 29835	\$0.00					
14	. Any oth	er personal and household items you did not already list, including any health aids you did not list						
		Sive specific information						
15		e dollar value of all of your entries from Part 3, including any entries for pages you have attached t 3. Write that number here	\$4,450.00					

for Part 3. Write that number here

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Debtor	Cherrie Ann Kenne	edy	Case number (if known)	
Part 4:	Describe Your Financial Asse	ets		
	own or have any legal or		of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
■ No	mples: Money you have in y	•	n a safe deposit box, and on hand when you file your petition	
Exa —	institutions. If you ha		certificates of deposit; shares in credit unions, brokerage houthe same institution, list each.	ises, and other similar
□ No ■ Ye	9S		Institution name:	
	17.1.	Checking Account #1265	USAA Federal Savings Bank	\$300.00
	17.2.	Checking Account #7896	USAA Federal Savings Bank	\$3.00
	17.3.	Checking Account #0814	USAA Federal Savings Bank	\$0.00
	17.4.	Checking Account #0324	Navy FCU	\$40.00
	17.5.	Savings Account #1907	Navy FCU	\$0.00
	17.6.	Savings Account #500	MAC FCU	\$10.00
			ge firms, money market accounts	
	es	Institution or issuer name		
	t venture	l interests in incorporate	d and unincorporated businesses, including an interest in	n an LLC, partnership, and
□Y€	es. Give specific information	n about them ame of entity:	% of ownership:	
Neg	notiable instruments include n-negotiable instruments are	personal checks, cashiers	e and non-negotiable instruments ' checks, promissory notes, and money orders. to someone by signing or delivering them.	
	es. Give specific information	about them suer name:		
), thrift savings accounts, or other pension or profit-sharing pla	ins
□Y€	es. List each account separa Type	ately. of account:	Institution name:	

Official Form 106A/B Schedule A/B: Property page 5

Case 19-06598-hb Doc 1 Filed 12/18/19 Entered 12/18/19 09:14:23 Page 17 of 58 Document Debtor 1 Case number (if known) Cherrie Ann Kennedy 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you □ No ■ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... Expected 2017 tax refund \$3,375.00 **Federal** 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

Official Form 106A/B Schedule A/B: Property page 6

Beneficiary:

Yes. Name the insurance company of each policy and list its value. Company name:

□ No

Surrender or refund

value:

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Official Form 106A/B Schedule A/B: Property page 7

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Deb	ebtor 1 Cherrie Ann Kennedy			Case number (if known)		
53.		e other property of any kind you did not already list? Season tickets, country club membership	•			
	No					
	☐ Yes. Give	specific information				
54.	Add the do	ollar value of all of your entries from Part 7. Write tha	at number here		\$0.00	
Part	8: List t	he Totals of Each Part of this Form				
55.	Part 1: Tot	al real estate, line 2			\$376,691.00	
56.	Part 2: Tot	al vehicles, line 5	\$33,000.00			
57.	Part 3: Tot	al personal and household items, line 15	\$4,450.00			
58.	Part 4: Tot	al financial assets, line 36	\$103,728.00			
59.	Part 5: Tot	al business-related property, line 45	\$0.00			
60.	Part 6: Tot	al farm- and fishing-related property, line 52	\$0.00			
61.	Part 7: Tot	al other property not listed, line 54 +	\$0.00			
62.	Total pers	onal property. Add lines 56 through 61	\$141,178.00	Copy personal property total	\$141,178.00	

Official Form 106A/B Schedule A/B: Property page 8

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$517,869.00

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Fill in this inform	ation to identify your	case:		
Debtor 1	Cherrie Ann Kenr	nedy		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bar	kruptcy Court for the:	DISTRICT OF SOUTH	CAROLINA	
Case number				
(if known)				☐ Check if this is an
				amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Ident	fy the Prop	erty You Cla	im as Exempt
---------------	-------------	--------------	--------------

1.	Which set of exemptions are you claiming? Check one only, even it your spouse is filling with	you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own			Specific laws that allow exemption	
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.		
290 Christian Road Mc Cormick, SC 29835 McCormick County	\$54,791.00		\$11,676.57	S.C. Code Ann. § 15-41-30(A)(1)(a)	
Line from Schedule A/B: 1.2			100% of fair market value, up to any applicable statutory limit	10-41-00(13)(13)(12)	
2015 Hyundai Genesis 55,000 miles VIN# KMHHU6KJ0FU125044	\$16,125.00		\$1,066.00	S.C. Code Ann. § 15-41-30(A)(7) unused portion	
Location: 290 Christian Road, Mc Cormick SC 29835 Line from Schedule A/B: 3.2			100% of fair market value, up to any applicable statutory limit	of 15-41-30(A)(1)	
2008 Chrysler 300 LX 76,000 miles VIN# 2C3KA43R28H141722	\$2,225.00		\$2,225.00	S.C. Code Ann. § 15-41-30(A)(2)	
Line from Schedule A/B: 3.4			100% of fair market value, up to any applicable statutory limit	13-41-30(A)(Z)	
Stove, Refrigerator, Microwave, Cooking Utensils, Silverware,	\$900.00		\$900.00	S.C. Code Ann. § 15-41-30(A)(3)	
Cookware Location: 290 Christian Road, Mc Cormick SC 29835 Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	10-41-30(A)(3)	

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Case number (if known) Debtor 1 Cherrie Ann Kennedy Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Furniture including living room, S.C. Code Ann. § \$1,500.00 \$1.500.00 dining room, kitchen table & chairs, 15-41-30(A)(3) bedroom, 3 dressers, 2 nightstands, 100% of fair market value, up to any applicable statutory limit Location: 290 Christian Road, Mc Cormick SC 29835 Line from Schedule A/B: 6.2 3 TVs, Cell Phone, Computer, Printer S.C. Code Ann. § \$450.00 \$450.00 Location: 290 Christian Road, Mc 15-41-30(A)(3) Cormick SC 29835 100% of fair market value, up to any applicable statutory limit Line from Schedule A/B: 7.1 9mm S.C. Code Ann. § \$300.00 \$300.00 Location: 290 Christian Road, Mc 15-41-30(A)(15) Cormick SC 29835 100% of fair market value, up to Line from Schedule A/B: 10.1 any applicable statutory limit .22 shotgun S.C. Code Ann. § \$200.00 \$200.00 Location: 290 Christian Road, Mc 15-41-30(A)(15) Cormick SC 29835 100% of fair market value, up to Line from Schedule A/B: 10.2 any applicable statutory limit M16 Rifle S.C. Code Ann. § \$500.00 \$500.00 Location: 290 Christian Road, Mc 15-41-30(A)(15) 100% of fair market value, up to Cormick SC 29835 Line from Schedule A/B: 10.3 any applicable statutory limit Clothes, shoes, hats, belts, coats S.C. Code Ann. § \$500.00 \$500.00 Location: 290 Christian Road, Mc 15-41-30(A)(3) Cormick SC 29835 100% of fair market value, up to Line from Schedule A/B: 11.1 any applicable statutory limit Costume jewelry including earrings S.C. Code Ann. § \$100.00 \$100.00 & bracelets 15-41-30(A)(4) Location: 290 Christian Road, Mc 100% of fair market value, up to any applicable statutory limit Cormick SC 29835 Line from Schedule A/B: 12.1 Checking Account #1265: USAA S.C. Code Ann. § \$300.00 \$300.00 Federal Savings Bank 15-41-30(A)(7) unused portion Line from Schedule A/B: 17.1 100% of fair market value, up to of 15-41-30(A)(1) any applicable statutory limit Federal: Expected 2017 tax refund S.C. Code Ann. § \$3,375.00 \$3,375.00 Line from Schedule A/B: 28.1 15-41-30(A)(7) unused portion 100% of fair market value, up to of 15-41-30(A)(1) any applicable statutory limit Products liability class-action lawsuit S.C. Code Ann. § \$100,000.00 \$100,000.00 due to hearing loss from faulty ear 15-41-30(A)(12)(b) plugs 100% of fair market value, up to represented by Keller Lenkner, LLC, any applicable statutory limit 150 N. Riverside Plaza, STE 4270, Chicago, IL 60606, 312-741-5220 Line from Schedule A/B: 33.1

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De	btor 1	Ch	errie Ann Kennedy	Case number (if known)	
3.	,		claiming a homestead exemption of more than \$170,350? to adjustment on 4/01/22 and every 3 years after that for cases filed on o	r after the date of adjustment.)	
		No			
		Yes.	Did you acquire the property covered by the exemption within 1,215 day	ys before you filed this case?	
			No		
			Yes		

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			Document	Page 23	of 58		
Fill i	n this inform	ation to identify you	r case:				
Deb	tor 1	Cherrie Ann Ke	nnedv				
- 0.0		First Name	Middle Name	Last Name			
Deb	tor 2						
(Spou	ise if, filing)	First Name	Middle Name	Last Name			
Unite	ed States Ban	kruptcy Court for the:	DISTRICT OF SOUTH CAROL	INA			
	e number						
(if kno	own)					_	if this is an led filing
						amend	ied illing
Offi	cial Form	106D					
Scl	hedule l	 D: Creditors	Who Have Claims	Secure	d by Propert	У	12/15
is nee			If two married people are filing togeth out, number the entries, and attach it				
1. Do	any creditors h	nave claims secured by	your property?				
I	☐ No. Check	this box and submit tl	his form to the court with your other	schedules. Y	ou have nothing else t	o report on this form.	
ı	Yes Fill in	all of the information	helow		-		
			ociow.				
Part	<u> </u>	Secured Claims			Column A	Column B	Column C
			more than one secured claim, list the cre a particular claim, list the other creditors		Amount of claim	Value of collateral	Unsecured
			cal order according to the creditor's nam		Do not deduct the	that supports this	portion
	Carrington	Mortgage			value of collateral.	claim	If any
2.1	Services L		Describe the property that secures	the claim:	\$50,722.86	\$64,460.00	\$0.00
	Creditor's Name		290 Christian Road Mc Corn	nick, SC			
			29835 *mortgage in decease	ed			
			father's name only				
			\$3000.00 arrearage pay \$63.	.00 pay			
			February As of the date you file, the claim is:	Check all that			
	PO Box 50	~ -	apply.	Officer all triat			
	Westfield,		Contingent				
	Number, Street,	City, State & Zip Code	Unliquidated				
Who	owes the deb	ot? Check one.	☐ Disputed Nature of lien. Check all that apply.				
■ D	ebtor 1 only		☐ An agreement you made (such as	mortgage or se	cured		
□ D	ebtor 2 only		car loan)				
	ebtor 1 and Deb	otor 2 only	☐ Statutory lien (such as tax lien, me	chanic's lien)			
_		e debtors and another	☐ Judgment lien from a lawsuit	ŕ			
_	heck if this cla		Other (including a right to offset)	First Mort	gage on Debtor's re	esidence	

Date debt was incurred 2015

Last 4 digits of account number

5464

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Debtor 1 Cherrie Ann Kennedy		Case n	Case number (if known)				
First Name Middle N	ame Last Name						
2.2 Fifth Third Bank	Describe the property that secures the	e claim:	315,636.00	\$321,900.00	\$0.00		
Creditor's Name Fifth Third Bank Bankruptcy Department Maildrop RCSB3E/1830 E Paris Ave SE Grand Rapids, MI 49546	15053 Leicestershire Street Woodbridge, VA 22191 surrender As of the date you file, the claim is: Crapply. □ Contingent	neck all that					
Number, Street, City, State & Zip Code	☐ Unliquidated						
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.						
■ Debtor 1 only □ Debtor 2 only	☐ An agreement you made (such as mo car loan)	ortgage or secured					
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Statutory lien (such as tax lien, mechanism Judgment lien from a lawsuit	anic's lien)					
☐ Check if this claim relates to a community debt	5	irst Mortgage o	n rental property				
Opened 06/12 Last Active Date debt was incurred 9/27/19	Last 4 digits of account numbe	_r <u>1267</u>					
2.3 Mac Fcu	Describe the property that secures the	e claim:	\$5,356.00	\$4,325.00	\$1,031.00		
Creditor's Name	2004 Toyota Sequoia net balance pay 127.00						
541 10th Ave Fairbanks Fairbanks, AK 99701 Number, Street, City, State & Zip Code	As of the date you file, the claim is: Chapply. Contingent Unliquidated	neck all that					
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.						
■ Debtor 1 only □ Debtor 2 only	☐ An agreement you made (such as mo car loan)	ortgage or secured					
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mech	anic's lien)					
At least one of the debtors and another	☐ Judgment lien from a lawsuit						
☐ Check if this claim relates to a community debt	Other (including a right to offset)	First Lien					
Opened 10/18 Last Active Date debt was incurred 10/31/19	Last 4 digits of account numbe	_r 0001					

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Debtor 1 Cherrie Ann Kennedy				Case number (if known)				
	First Name Middle N	ame Last Name						
2.4 Nav	vy Federal Credit ion	Describe the property that secures	the claim:	\$14,984.81	\$16,125.00	\$0.00		
$\overline{}$	itor's Name	2015 Hyundai Genesis						
		net balance pay 354.00						
	n: Bankruptcy	As of the date you file, the claim is:	Chook all that					
	Box 3000	apply.	Check all that					
Me	rrifield, VA 22119	☐ Contingent						
Numl	ber, Street, City, State & Zip Code	☐ Unliquidated						
		☐ Disputed						
Who owe	s the debt? Check one.	Nature of lien. Check all that apply.						
Debtor	1 only	An agreement you made (such as	mortgage or sec	cured				
☐ Debtor	2 only	car loan)						
☐ Debtor	1 and Debtor 2 only	☐ Statutory lien (such as tax lien, me	echanic's lien)					
	t one of the debtors and another	☐ Judgment lien from a lawsuit						
☐ Check	if this claim relates to a	☐ Other (including a right to offset)						
comm	nunity debt							
Date debt	Opened 12/15 Last Active was incurred 11/30/19	Last 4 digits of account num	ther 2222					
- Date debt	11/30/13							
2.5 Nav	vy Federal Credit			* 40.000.00	440.005.00	40.050.00		
Uni		Describe the property that secures	the claim:	\$12,683.83	\$10,325.00	\$2,358.83		
Credi	itor's Name	2016 Hyundai Elantra						
		value pay 244.00						
	n: Bankruptcy	As of the date you file, the claim is:	Check all that					
	Box 3000 rrifield, VA 22119	apply.						
		Contingent						
Numl	ber, Street, City, State & Zip Code	Unliquidated						
Wha awa	a the debt O	Disputed						
	s the debt? Check one.	Nature of lien. Check all that apply.						
Debtor	1 only	An agreement you made (such as car loan)	mortgage or sec	cured				
Debtor	•	,						
	1 and Debtor 2 only	Statutory lien (such as tax lien, me	echanic's lien)					
_	t one of the debtors and another	☐ Judgment lien from a lawsuit						
	if this claim relates to a nunity debt	Other (including a right to offset)	First Lien					
	Opened							
	12/15 Last							
Date debt	Active was incurred 11/30/19	Last 4 digits of account num	4346					

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Debtor 1 Cherrie Ann Kennedy First Name Middle	e Name Last Name	Case number (if known)		
		#0.252.00	\$4 F00 00	\$7.052.00
2.6 OneMain Financial Creditor's Name	Describe the property that secures the claim: HVAC Unit	\$9,353.00	\$1,500.00	\$7,853.00
ordator o Namo	value pay 36.00			
Attn: Bankruptcy	. ,			
Po Box 3251	As of the date you file, the claim is: Check all that apply.			
Evansville, IN 47731	Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
Miles some the debto of	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage or car loan)	secured		
Debtor 2 only				
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Statutory lien (such as tax lien, mechanic's lien) T Judgment lien from a lawsuit			
Check if this claim relates to a		e Money Security		
community debt	Other (including a right to offset)	c money occurry		
Opened				
04/19 Las	t			
Active	Last 4 digits of account number 780	2		
Date debt was incurred 11/07/19	Last 4 digits of account number 780			
Potomac Club Owners		400.000.00	0004 000 00	***
Association, Inc.	Describe the property that secures the claim:	\$20,000.00	\$321,900.00	\$0.00
Creditor's Name c/o Chadwick	15053 Leicestershire Street			
Washington Moriarty	Woodbridge, VA 22191 surrender			
Elmore	As of the date you file, the claim is: Check all that			
& Bunn, PC	apply.			
3201 Jermantown Rd,	☐ Contingent			
STE 600 Fairfax, VA 22030				
Number, Street, City, State & Zip Code	- ☐ Unliquidated			
, , , , , , , , , , , , , , , , , , , ,	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage or	secured		
Debtor 2 only	car loan)			
☐ Debtor 1 and Debtor 2 only	■ Statutory lien (such as tax lien, mechanic's lien))		
☐ At least one of the debtors and anothe	r D Judgment lien from a lawsuit			
☐ Check if this claim relates to a		es on rental property		
community debt				
Date debt was incurred 9/10/19	Last 4 digits of account number			
Add the dollar value of your entries in	Column A on this page. Write that number here:	\$428,736.	50	
If this is the last page of your form, a Write that number here:	dd the dollar value totals from all pages.	\$428,736.	50	
write that number here.				
Part 2: List Others to Be Notified	for a Debt That You Already Listed			
trying to collect from you for a debt you	be notified about your bankruptcy for a debt that y u owe to someone else, list the creditor in Part 1, an hat you listed in Part 1, list the additional creditors h this page.	d then list the collection age	ncy here. Similarly, if yo	u have more
Π	0. Tr. O. J.			
Name, Number, Street, City, State Ryan II Condo at Potoma		which line in Part 1 did you ente	r the creditor? 2.7	
c/o Legum & Norman Rea	•	4 digits of account number		
PO Box 105771	Last	a.g.to or account number		
Atlanta, GA 30348-5771				

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Debtor	Cherrie Ann Kennedy			Case number (if known)
	First Name	Middle Name	Last Name	
V 3	Vhiteford, Taylo	et, City, State & Zip Code or & Preston LLP Park Drive, STE 800 A 22042-4510		On which line in Part 1 did you enter the creditor? Last 4 digits of account number

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Fil	l in this informa	tion to identify your	case:						
De	btor 1	Cherrie Ann Kenr	nedy						
	h. (0	First Name	Middle	Name Last Nan	ne				
1 -	btor 2 ouse if, filing)	First Name	Middle	e Name Last Nan	ne				
Un	ited States Bank	ruptcy Court for the:	DISTRIC	Γ OF SOUTH CAROLINA					
1	se number			_					if this is an ed filing
<u>Of</u>	ficial Form	106E/F							
Sc	hedule E/I	F: Creditors W	/ho Hav	e Unsecured Claim	ıs				12/15
any Sch Sch left. nam	executory contra edule G: Executo edule D: Creditor Attach the Contir ee and case numb	cts or unexpired leases ry Contracts and Unexp s Who Have Claims Sec nuation Page to this pag	that could re pired Leases cured by Prop	creditors with PRIORITY claims a esult in a claim. Also list execut (Official Form 106G). Do not includerty. If more space is needed, c e no information to report in a P	ory contracts o ude any credito opy the Part yo	n Schedule A/B: P ors with partially s u need, fill it out, r	roperty (Of ecured clai number the	ficial Fori ms that a entries ir	n 106A/B) and on re listed in the boxes on the
		of Your PRIORITY Ur							
1.		have priority unsecure	d claims aga	inst you?					
	□ No. Go to Par	t 2.							
2.	identify what type possible, list the d	of claim it is. If a claim ha	as both priority er according t	has more than one priority unsect y and nonpriority amounts, list that to the creditor's name. If you have to list the other creditors in Part 3.	claim here and	show both priority a	nd nonpriori	ty amount	s. As much as
	(For an explanation	on of each type of claim,	see the instru	ctions for this form in the instructio		otal claim	Priority amount		Nonpriority amount
2.1	IRS			Last 4 digits of account number	•	\$0.00		\$0.00	\$0.00
-	Priority Cred PO Box 7 Philadeln		6	When was the debt incurred?					
		et City State Zip Code		As of the date you file, the clain	n is: Check all th	at apply			
	Who incurred t	he debt? Check one.		☐ Contingent					
	Debtor 1 only	у		☐ Unliquidated					
	Debtor 2 only	у		☐ Disputed					
	Debtor 1 and	Debtor 2 only		Type of PRIORITY unsecured c	aim:				
	☐ At least one	of the debtors and anothe	er	☐ Domestic support obligations					
	☐ Check if this	s claim is for a commu	nity debt	■ Taxes and certain other debts	you owe the gov	vernment vernment			
	Is the claim sul	bject to offset?		☐ Claims for death or personal in	njury while you w	ere intoxicated			
	■ No			Other. Specify	L.				
	☐ Yes			Notice On	ily				
2.2	SC DEPT Priority Cred	OF REVENUE		Last 4 digits of account number	r	\$2,000.00	\$1,	800.00	\$200.00
	PO BOX			When was the debt incurred?	2017				
		et City State Zip Code		As of the date you file, the clain	n is: Check all th	at apply			
	_	he debt? Check one.		☐ Contingent					
	■ Debtor 1 onl	у		☐ Unliquidated					
	Debtor 2 only	y		☐ Disputed					
	Debtor 1 and	Debtor 2 only		Type of PRIORITY unsecured c	aim:				
	☐ At least one	of the debtors and anothe	er	☐ Domestic support obligations					
	☐ Check if this	s claim is for a commu	nity debt	■ Taxes and certain other debts	-				
	Is the claim sul	bject to offset?		\square Claims for death or personal in	njury while you w	ere intoxicated			
	■ No			Other. Specify					
	☐ Yes			Income Ta	axes				

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Cherrie Ann Kennedy			Case number (if known)	
List All of Your NONPRIORIT	TY Unsecure	ed Claims		
ny creditors have nonpriority unse	cured claims	against you?		
o. You have nothing to report in this p	oart. Submit thi	s form to the court with your other	schedules.	
98.				
cured claim, list the creditor separate one creditor holds a particular claim,	ly for each clair	m. For each claim listed, identify w	hat type of claim it is. Do not list claims alrea	ady included in Part 1. If more
				Total claim
		Last 4 digits of account numl	per <u>5833</u>	\$7,481.00
			Onemad 04/02 Least Active	
. ,		When was the debt incurred?	•	
	Cherrie Ann Kennedy List All of Your NONPRIORI ny creditors have nonpriority unse o. You have nothing to report in this place. all of your nonpriority unsecured coursed claim, list the creditor separate	Cherrie Ann Kennedy List All of Your NONPRIORITY Unsecured by creditors have nonpriority unsecured claims to a you have nothing to report in this part. Submit this past. All of your nonpriority unsecured claims in the abouted claim, list the creditor separately for each claim one creditor holds a particular claim, list the other creditor. AAFES/Military Star Nonpriority Creditor's Name Attn: Bankruptcy	Cherrie Ann Kennedy List All of Your NONPRIORITY Unsecured Claims ny creditors have nonpriority unsecured claims against you? Dec. You have nothing to report in this part. Submit this form to the court with your other less. All of your nonpriority unsecured claims in the alphabetical order of the creditor coured claim, list the creditor separately for each claim. For each claim listed, identify wone creditor holds a particular claim, list the other creditors in Part 3.If you have more calcant. AAFES/Military Star Nonpriority Creditor's Name Attn: Bankruptcy	Cherrie Ann Kennedy List All of Your NONPRIORITY Unsecured Claims ny creditors have nonpriority unsecured claims against you? O. You have nothing to report in this part. Submit this form to the court with your other schedules. as. all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has measured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims alreadone creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill of the creditor's Name AAFES/Military Star Last 4 digits of account number 5833 Opened 04/92 Last Active

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Disputed

☐ Unliquidated

☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.2 **Comenity Bank/Ashley Stewart** Last 4 digits of account number 9054 \$508.00 Nonpriority Creditor's Name Opened 10/14 Last Active Attn: Bankruptcy Po Box 182125 When was the debt incurred? 11/08/19 Columbus, OH 43218 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community

■ Other. Specify Charge Account

 \square Obligations arising out of a separation agreement or divorce that you did not

 \square Debts to pension or profit-sharing plans, and other similar debts

Type of NONPRIORITY unsecured claim:

Official Form 106 E/F

debt

■ No

☐ Yes

Is the claim subject to offset?

Dallas, TX 75265

Debtor 1 only

Debtor 2 only

Number Street City State Zip Code

Debtor 1 and Debtor 2 only

Who incurred the debt? Check one.

☐ At least one of the debtors and another

report as priority claims

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Comenity Bank/LoveLoft	Last 4 digits of account number	6822	\$510.00
Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 182125 Columbus, OH 43218	When was the debt incurred?	Opened 07/15 Last Active 11/08/19	
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Charge Acc	count	
Credit Management, LP	Last 4 digits of account number	3301	\$0.00
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 118288	When was the debt incurred?	2017	
Carrollton, TX 75011			
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated —		
Debtor 1 and Debtor 2 only	■ Disputed	d alata.	
At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	d Claim:	
☐ Check if this claim is for a community debt Is the claim subject to offset?	_	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	og plans, and other similar debts	
□ Yes			
□ Yes	Other. Specify Cox Comm	unications	
Eos Cca	Last 4 digits of account number	6912	\$3,509.00
Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred?	2014	
700 Longwater Dr			
Norwell, MA 02061		int Chapte all that apply	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Uneck all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	■ Other. Specify Sallie Mae	Bank	

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	Cheme Aim Reimedy	Odsc Humber (# klowii)	
1.6	IC System, Inc	Last 4 digits of account number 8611	\$0.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 64378	When was the debt incurred? 2018	
	Saint Paul, MN 55164 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you report as priority claims	did not
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Banfield Pet Hospital	
4.7	InCharge Debt Solutions	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name 5750 Major Blvd, STE 300 Orlando, FL 32819	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you report as priority claims	did not
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Notice Only	
4.8	Keller Lenkner, LLC	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name 150 N. Riverside Plaza, STE 4270 Chicago, IL 60606	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	$\hfill \square$ Obligations arising out of a separation agreement or divorce that you report as priority claims	did not
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify represents debtor in class-action laws	uit
		·	

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Debt	Cherrie Ann Kennedy		Case number (if known)				
4.9	Mac Fcu	Last 4 digits of account number	0002	\$9,994.00			
	Nonpriority Creditor's Name 541 10th Ave Fairbanks Fairbanks, AK 99701 Number Street City State Zip Code	When was the debt incurred? As of the date you file, the claim	Opened 05/10 Last Active 10/31/19				
	Who incurred the debt? Check one.	As of the date you me, the claim	ь. Спеск ан тас арргу				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only						
	Debtor 1 and Debtor 2 only	☐ Disputed					
	lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims					
	■ No	☐ Debts to pension or profit-sharing					
	Yes	Other. Specify Credit Card	<u> </u>				
4.1 0	National Commercial Services	Last 4 digits of account number	5594	\$0.00			
	Nonpriority Creditor's Name 6644 Valjean Ave, STE 100 Van Nuys, CA 91406	When was the debt incurred?	2013				
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure					
	☐ Check if this claim is for a community ☐ Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Pmi Group					
4.1	Navy FCU	Last 4 digits of account number	6625	\$3,312.00			
•	Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 3000	When was the debt incurred?	Opened 12/15 Last Active 11/13/19				
	Merrifield, VA 22119	_					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community debt	Student loans					
	Is the claim subject to offset?	Obligations arising out of a separe report as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	☐Yes	■ Other. Specify Credit Card	I				
		Opcon ,					

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Debto	Cherrie Ann Kennedy		Case number (if known)				
4.1	NetCredit	Last 4 digits of account number	2840	\$0.00			
	Nonpriority Creditor's Name 175 W. Jackson Blvd., Suite 1000	When was the debt incurred?	2016				
	Chicago, IL 60604 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.	·					
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	■ Disputed					
	lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	No	Debts to pension or profit-sharir	ng plans, and other similar debts				
	☐ Yes	■ Other. Specify Unsecured					
	Li Tes	Other. Specify					
4.1							
3	Pioneer Military Loan	Last 4 digits of account number	2078	\$0.00			
	Nonpriority Creditor's Name PO Box 5493	When was the debt incurred?	2016				
	Carol Stream, IL 60197						
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	Unliquidated					
	Debtor 1 and Debtor 2 only	Disputed	·				
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community debt	☐ Student loans					
	Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharir	ng plans, and other similar debts				
	☐ Yes	Other. Specify Signature I					
		— Other opeony					
4.1	Synchrony Bank/Care Credit	Last 4 digits of account number	6471	\$0.00			
	Nonpriority Creditor's Name		Opened 09/12 Last Active				
	C/o Po Box 965036 Orlando, FL 32896	When was the debt incurred?	11/07/19				
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.	_					
	Debtor 1 only	ebtor 1 only Contingent Unliquidated					
	Debtor 2 only						
	☐ Debtor 1 and Debtor 2 only	Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	Check if this claim is for a community	☐ Student loans					
debt Is the claim subject to offset?		Dobligations arising out of a separation agreement or divorce that you did not report as priority claims					
	No	Debts to pension or profit-sharir	og plans, and other similar debts				
	☐ Yes	Other Specify Charge Ac					
	— 100	- Omer Specify Original Action					

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			Document	Page 34 of 58	
Debtor 1	Cherrie Ann Kennedy			Case number (if known)	

4.1	Verizon	Last 4 digits of account number 0001	\$0.00
	Nonpriority Creditor's Name Verizon Wireless Bk Admin	When was the debt incurred? 2014	_
	500 Technology Dr Ste 550 Weldon Springs, MO 63304 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Phone Bill	_

Part 3: List Others to Be Notified About a Debt That You Already Listed

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
otal aims				
om Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 2,000.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 2,000.00
				Total Claim
otal	6f.	Student loans	6f.	\$ 0.00
aims om Part 2	6g.	Obligations arising out of a separation agreement or divorce that		0.00
	Ü	you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 25,314.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 25,314.00

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Fill in this infor				
Debtor 1	Cherrie Ann Keni			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	DISTRICT OF SOUTH (CAROLINA	
Case number				☐ Check if this is a
				amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Р	erson or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	Hector Lima, Feliciena Lima & Jessica Perez 15053 Leicestershire Street Woodbridge, VA 22191	Rental contract on 1505 Leicestershire Street, Woodbridge, VA 22191 *reject lease
2.2	Stackhouse Management Inc 5199 Waterway Drive Montclair, VA 22025	Managing Rental Agent for 15053 Leicestershire Street, Woodbridge VA *reject contract

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		Docume	eni Page 36 0	1 58	
Fill in this in	formation to identify your	case:			
Debtor 1	Cherrie Ann Keni	andy			
DCDIOI 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	DISTRICT OF SOUTH	CAROLINA		
Case number	r				☐ Check if this is an
()					amended filing
Official I	Form 106H				
Schedu	le H: Your Cod	ebtors			12/15
	io in ioui oou				12,10
■ No □ Yes 2. Withir Arizona, ■ No. Go □ Yes. C 3. In Columin line 2	California, Idaho, Louisiana, o to line 3. Did your spouse, former spousen 1, list all of your codebt again as a codebtor only i	I lived in a community pr Nevada, New Mexico, Pu use, or legal equivalent live ors. Do not include your f that person is a guaran	roperty state or territor erto Rico, Texas, Wash e with you at the time? spouse as a codebtor ator or cosigner. Make	ry? (Community property ington, and Wisconsin.) if your spouse is filing sure you have listed the	states and territories include with you. List the person shown a creditor on Schedule D (Official
out Colu		Form 106E/F), or Sched	ule G (Official Form 10	16G). Use Schedule D, S	chedule E/F, or Schedule G to fill
Co	lumn 1: Your codebtor			Column 2: The cred	litor to whom you owe the debt
	ne, Number, Street, City, State and Zl	P Code		Check all schedules	
0.4				По	
3.1 Nar	me			Schedule D, line	
				☐ Schedule E/F, lin☐ Schedule G, line	
				Scriedule G, line	
Nui City	mber Street	State	ZIP Code		
City	,	State	Zii- Oude		
3.2				Schedule D, line	
Nar	me			☐ Schedule E/F, lin	
				☐ Schedule G, line	
	mber Street			_	
City	/	State	ZIP Code		

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Fill	in this information to iden	tify your ca	se.									
		errie Ann				_						
	otor 2					_						
Uni	ted States Bankruptcy Co	ourt for the:	DISTRICT OF SOUTH	CAROLINA								
	se number 						□ A		ed filir ent sl	howing	postpetitior	•
<u>O</u> 1	fficial Form 10	<u> 61</u>					N	IM / DD/ \	YYYY	,		
S	chedule I: You	ır Inco	ome									12/15
sup _i spo atta	as complete and accurate plying correct informations. If you are separate che a separate sheet to the describe Employees.	on. If you a d and your his form. C	are married and not filing spouse is not filing with	g jointly, and your s th you, do not inclu	spouse i de inforr	s liv natio	ing with on about	you, incl your spe	ude i ouse.	inform . If mo	ation about re space is	t your needed,
1.	Fill in your employment information.	nt		Debtor 1	Debtor 1			Debtor 2	or r	non-fili	ing spouse	
	If you have more than one job, attach a separate page with information about additional		Employment status	☐ Employed				☐ Empl	oyed			
			Employment status	■ Not employed				☐ Not e	mplo	yed		
	employers.		Occupation	Military Disable	d for 2.	5 Ye	ars					
	Include part-time, seaso self-employed work.	onal, or	Employer's name									
	Occupation may include or homemaker, if it appl		Employer's address									
			How long employed th	nere?								
Par	t 2: Give Details A	About Mon	thly Income									
	mate monthly income as use unless you are separa		te you file this form. If y	ou have nothing to re	eport for	any I	ine, write	\$0 in the	spac	ce. Incl	ude your no	n-filing
-	u or your non-filing spous e space, attach a separat			mbine the information	n for all e	mplo	yers for	that perso	n on	the lin	es below. If	you need
							For Dek	otor 1			tor 2 or ng spouse	
2.			y, and commissions (be alculate what the monthly		2.	\$		0.00	\$		N/A	-
3.	Estimate and list mon	thly overti	me pay.		3.	+\$		0.00	+\$	·	N/A	-
4.	Calculate gross Incom	ne. Add lin	e 2 + line 3.		4.	\$		0.00		\$	N/A	

Official Form 106I Schedule I: Your Income page 1

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Deb	tor 1	Cherrie Ann Kennedy	_	(case n	iumber (<i>if kn</i> e	own)				
					For I	Debtor 1		For I	Debtor	2 or	
					FOI L	Deptor I				pouse	
	Copy	y line 4 here	4.		\$	0	.00	\$		N/A	_
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a	١.	\$	0	.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b).	\$.00	\$		N/A	
	5c.	Voluntary contributions for retirement plans	5c	:.	\$	0	.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d	l.	\$	0	.00	\$		N/A	_
	5e.	Insurance	5e		\$.00	\$		N/A	_
	5f.	Domestic support obligations	5f.		\$.00	\$		N/A	_
	5g.	Union dues	5g		\$.00			N/A	_
	5h.	Other deductions. Specify:	5h		\$.00	_		N/A	=
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$.00	\$		N/A	_
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	0	.00	\$		N/A	_
8.	List a	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total									
		monthly net income.	8a		\$.00	\$		N/A	
	8b.	Interest and dividends	8b).	\$	0	.00	\$		N/A	<u>-</u>
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce									
		settlement, and property settlement.	8c	:.	\$	0	.00	\$		N/A	_
	8d.	Unemployment compensation	8d	l.	\$.00	\$		N/A	_
	8e.	Social Security	8e) .	\$	1,818	.00	\$		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: VA Disability	e 8f.		\$	3,106	.04	\$		N/A	
	8g.	Pension or retirement income	 8g	١.	\$	3,343		\$		N/A	_
	8h.	Other monthly income. Specify: Tax Refund	8h	1.+	\$.25	+ \$		N/A	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	S	8,461	.22	\$		N/	A
10	Calc	ulate monthly income. Add line 7 + line 9.	10.	\$		464.22	+ \$		NI/A	= \$	0.464.00
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_	0	3,461.22	+ \$ -		N/A	= 5 -	8,461.22
11.	State Inclu- other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your r friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not	depe			,		•		e J. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certaines							12.	\$	8,461.22
										Combi	ned ly income
13.	Do y	ou expect an increase or decrease within the year after you file this form	?								,
		No.									
		Ves Evolain:									

Official Form 106l Schedule I: Your Income page 2

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Fill in	n this information to identify your case:					
Debto	Cherrie Ann Kennedy			Check	t if this is:	
Debto				_	An amended filing	ving postpetition chapter
	use, if filing)				3 expenses as of	
United	d States Bankruptcy Court for the: DISTRICT OF	SOUTH CAROLINA	Λ		MM / DD / YYYY	
Case	number					
(If kno	own)					
Off	ficial Form 106J					
	hedule J: Your Expenses	S				12/1
Be as	s complete and accurate as possible. If two rmation. If more space is needed, attach an ber (if known). Answer every question.	married people are				
Part '						
	Is this a joint case?					
	■ No. Go to line 2.☐ Yes. Does Debtor 2 live in a separate ho	ousehold?				
	□ No					
	☐ Yes. Debtor 2 must file Official For	m 106J-2, <i>Expenses</i>	for Separate Househ	old of Debto	or 2.	
2.	Do you have dependents? ☐ No					
	YAS	ut this information for dependent	Dependent's relation Debtor 1 or Debtor 2		Dependent's age	Does dependent live with you?
	Do not state the					□ No
	dependents names.		Daughter		23	Yes
						□ No □ Yes
			-			□ No
						☐ Yes
						□ No
						☐ Yes
	Do your expenses include expenses of people other than					
	yourself and your dependents?					
Estin expe	2: Estimate Your Ongoing Monthly Exp mate your expenses as of your bankruptcy enses as of a date after the bankruptcy is fi icable date.	filing date unless ye				
Inclu	de expenses paid for with non-cash gover	nment assistance if	you know			
	alue of such assistance and have included cial Form 106I.)	i it on <i>Scheaule I: Y</i>	our income		Your expe	enses
	The rental or home ownership expenses for payments and any rent for the ground or lot.	or your residence. Ir	nclude first mortgage	4. \$		640.78
	If not included in line 4:					
	4a. Real estate taxes			4a. \$		0.00
	4b. Property, homeowner's, or renter's insu	ırance		4b. \$		145.22
	4c. Home maintenance, repair, and upkeep	•		4c. \$		500.00
	4d. Homeowner's association or condomin Additional mortgage payments for your re-		mo oquity loops	4d. \$ 5. \$		0.00

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Debtor 1	Cherrie Ann Kennedy	Case num	ber (if known)	
. Utili	ties:			
6a.	Electricity, heat, natural gas	6a.	\$	519.00
6b.	Water, sewer, garbage collection	6b.	· ·	45.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.		260.00
6d.	Other. Specify: Security System	6d.		175.00
			·	
	d and housekeeping supplies		\$	757.00
	dcare and children's education costs	8.		150.00
	hing, laundry, and dry cleaning	9.		159.00
	sonal care products and services	10.	·	70.00
. Med	lical and dental expenses	11.	\$	110.00
. Traı	nsportation. Include gas, maintenance, bus or train fare.		•	400.00
	not include car payments.	12.		420.00
. Ente	ertainment, clubs, recreation, newspapers, magazines, and books	13.		200.00
. Cha	ritable contributions and religious donations	14.	\$	40.00
	ırance.		_	
	not include insurance deducted from your pay or included in lines 4 or 20.			
15a	Life insurance	15a.	\$	0.00
15b	Health insurance	15b.	\$	0.00
15c.	Vehicle insurance	15c.	\$	358.55
15d	Other insurance. Specify: 19 prescriptions & vitamins	15d.	\$	140.00
	vision screenings & glasses		\$	55.00
	dental expenses (cleanings, etc.)		\$	28.00
			\$	
	Daughter's health insurance		Φ	396.00
	es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: Vehicle	16.	\$	60.00
. Inst	allment or lease payments:			
17a	Car payments for Vehicle 1	17a.	\$	0.00
17b	Car payments for Vehicle 2	17b.	\$	0.00
17c.	Other. Specify: Daughter's college expenses	17c.	\$	475.00
	Other. Specify:	17d.	\$	0.00
	r payments of alimony, maintenance, and support that you did not report as		·	
	ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		\$	0.00
	er payments you make to support others who do not live with you.		\$	0.00
Spe		19.		
	er real property expenses not included in lines 4 or 5 of this form or on Sch		our Income.	
	Mortgages on other property	20a.		0.00
	Real estate taxes	20b.		0.00
	Property, homeowner's, or renter's insurance	20c.		0.00
			·	
	Maintenance, repair, and upkeep expenses	20d.	· -	0.00
	Homeowner's association or condominium dues	20e.	·	0.00
. Oth	er: Specify: pet expenses	21.	_+\$	75.00
Cald	culate your monthly expenses			
	Add lines 4 through 21.		· c	5 779 EE
	•		\$	5,778.55
	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	5,778.55
. Cal	culate your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	8,461.22
	Copy your monthly expenses from line 22c above.	23b.	· ·	5,778.55
		200.		3,770.00
23c.	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	2,682.67
For e	you expect an increase or decrease in your expenses within the year after you example, do you expect to finish paying for your car loan within the year or do you expect you fication to the terms of your mortgage? No.			ise or decrease because of a
■ 1				
	1			

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Fill in this infor	rmation to identify your	case:				
Debtor 1	Cherrie Ann Keni					
Dahtan O	First Name	Middle Name	La	st Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	La	st Name		
United States Ba	ankruptcy Court for the:	DISTRICT OF SOUTH	CAROLINA			
Case number						
(if known)						Check if this is an amended filing
Official For	m 106Dec					
Declara	tion About a	n Individua	Debt	or's Sched	ules	12/15
Sig	ın Below					
Did you pa	ay or agree to pay some	one who is NOT an atto	rney to help	you fill out bankrup	tcy forms?	
■ No						
☐ Yes.	Name of person					cruptcy Petition Preparer's Notice, and Signature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the sun	nmary and s	schedules filed with the	his declaratio	n and
X /s/ Ch	errie Ann Kennedy		х			
Cherri	ie Ann Kennedy ure of Debtor 1			Signature of Debtor 2	2	
Date	December 16, 2019			Date		

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Fill	l in this inform	nation to identify your	case:			
De	btor 1	Cherrie Ann Ken	nedv			
		First Name	Middle Name	Last Name		
_	btor 2 ouse if, filing)	First Name	Middle Name	Last Name		
Un	ited States Bar	nkruptcy Court for the:	DISTRICT OF SOUTH C	CAROLINA		
Ca	se number					
	nown)					Check if this is an amended filing
∩ı	ficial Fo	rm 107				
			Affairs for Indivi	duals Filing for E	Bankruptcy	4/19
info nun	ormation. If m	ore space is needed, n). Answer every ques	attach a separate sheet to	are filing together, both are this form. On the top of an		
1.		current marital statu		u Liveu Belole		
	■ Married □ Not mar	ried				
2.	During the Is	est 3 years have you	lived anywhere other than	where you live now?		
	_	iot o youro, navo you	invou uniyimioro ounor ulun	mioro you iivo nom.		
	□ No ■ Yes Lis	t all of the places you li	ved in the last 3 years. Do r	not include where you live now	V.	
		ior Address:	Dates Debtor 1	·		Dates Debtor 2
	201 Cross Yorktown,	•	From-To: 7/2016 - 4/20	☐ Same as Debtor	1	☐ Same as Debtor 1 From-To:
	■ No □ Yes. Ma	es include Arizona, Cal	ifornia, Idaho, Louisiana, Ne redule H: Your Codebtors (C	egal equivalent in a commur evada, New Mexico, Puerto R Official Form 106H).		
4.	Fill in the tota	l amount of income you	received from all jobs and	ng a business during this y all businesses, including part we together, list it only once u	time activities.	endar years?
	■ No □ Yes. Fill	in the details.				
		in the details.	Debtor 1		Debtor 2	

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Debtor 1 Cherrie Ann Kennedy Case number (if known)

Include and ot	e inc	ome regard oublic bene	lless of wheth fit payments;	er that inco pensions; r	ome is taxable. Ex ental income; inte	camples c erest; divi		e alimony; ected from	lawsuits;	royalties; an	ecurity, unemploymen d gambling and lottery
List ea	ach s	ource and t	he gross inco	me from ea	ach source separa	ately. Do	not include income	that you l	isted in lir	ne 4.	
_	No ⁄es. I	Fill in the de	etails.								
				Debtor 1				Debto	or 2		
					of income below.	each (befo	s income from source re deductions and sions)	Source Descri	ces of inc ibe below		Gross income (before deductions and exclusions)
		1 of curre	nt year until nkruptcy:		bility, VA ent, Social		\$102,660.48	1			
For last ca (January 1		dar year: December	31, 2018)		bility, VA ent, Social		\$102,660.48	}			
		lar year be December			bility, VA ent, Social		\$102,660.48	}			
Part 3:	List	Certain Pa	yments You	Made Befo	ore You Filed for	Bankru	otcy				
_		Neither De	ebtor 1 nor D	ebtor 2 ha	imarily consume s primarily cons family, or househo	umer de	bts. Consumer de	<i>bt</i> s are def	ined in 11	U.S.C. § 10	1(8) as "incurred by ar
		_	•	•	I for bankruptcy, d	did you pa	ay any creditor a to	tal of \$6,8	25* or mo	re?	
		□ _{No.} □ _{Yes}	Go to line 7			.:	-t #C 00F*	_ :			h - total
			paid that cre not include	editor. Do r payments t	not include payme to an attorney for	ents for do this bank	omestic support ob	ligations, s	such as ch	nild support a	he total amount you and alimony. Also, do
■ Y	es.				e primarily cons I for bankruptcy, d		bts. ay any creditor a to	tal of \$600	or more?	>	
		□ No.	Go to line 7								
		■ Yes		ments for d	lomestic support o		of \$600 or more a s, such as child su				t creditor. Do not include payments to ar
Credi	itor's	s Name and	d Address		Dates of paymo	ent	Total amount paid		int you	Was this p	payment for
PO E	Зох	on Mortg 5001 d, IN 4607	age Service 74	es LLC	Monthly		\$1,022.34	\$50, ⁻	722.86	■ Mortgae □ Car □ Credit (□ Loan R □ Supplie □ Other	Card epayment ers or vendors

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Deb	tor i Cherrie Ann Kennedy		Cas	se number (if known)		
,	Within 1 year before you filed for bankru, Insiders include your relatives; any general of which you are an officer, director, person a business you operate as a sole proprietor alimony.	partners; relatives of any in control, or owner of 20	general partners; partne % or more of their votin	erships of which you g securities; and an	u are a general p ly managing age	eartner; corporation nt, including one fo
	No☐ Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for thi	is payment
	Within 1 year before you filed for bankruinsider? Include payments on debts guaranteed or c		payments or transfer a	any property on ac	count of a debt	t that benefited an
	■ No					
	Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for thi	
Part	4: Identify Legal Actions, Repossessi	ions, and Foreclosures				
	Within 1 year before you filed for bankru List all such matters, including personal inju modifications, and contract disputes. No Yes. Fill in the details. Case title					r custody
	Case number	Nature of the case	Court of agency		Status of the t	Jase
	Within 1 year before you filed for bankru Check all that apply and fill in the details be No. Go to line 11.		operty repossessed, 1	oreclosed, garnisl	ned, attached, s	seized, or levied?
	☐ Yes. Fill in the information below. Creditor Name and Address	Describe the Prope	rty	Date		Value of the
		Explain what happe	ned			property
i	Within 90 days before you filed for bankr accounts or refuse to make a payment be No Yes. Fill in the details.			nancial institution,	set off any amo	ounts from your
	Creditor Name and Address	Describe the action	the creditor took	Date a taken	action was	Amount
	Within 1 year before you filed for bankru court-appointed receiver, a custodian, or		operty in the possess	ion of an assignee	for the benefit	of creditors, a
	■ No □ Yes					
Part	5: List Certain Gifts and Contribution	s				
	Within 2 years before you filed for bankro ■ No □ Yes. Fill in the details for each gift.	uptcy, did you give any	gifts with a total value	of more than \$600) per person?	
	Gifts with a total value of more than \$60 per person	Describe the g	ifts	Dates the git	you gave fts	Value
	Person to Whom You Gave the Gift and					

Address:

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Address

InCharge Debt Solutions

5750 Major Blvd, STE 300 Orlando, FL 32819

transferred

Debt Settlement

payment

\$1,195.00

or transfer was

made

11/2019

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Debtor 1 Cherrie Ann Kennedy

Case number (if known)

18.	Within 2 years before you filed for bankrupte transferred in the ordinary course of your build like the like transfers and transfers mainclude gifts and transfers that you have alread No	usiness or financial affa ade as security (such as	airs? the granting of a											
	☐ Yes. Fill in the details.													
	Person Who Received Transfer Address	Description and very property transfer		payme	ibe any property or ents received or debts n exchange	Date transfer was made								
	Person's relationship to you				J									
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro		y property to a	self-settle	d trust or similar device	of which you are a								
	■ No □ Yes. Fill in the details.													
	Name of trust	Description and	alue of the pro	perty trans	ferred	Date Transfer was								
						made								
Pai	tt 8: List of Certain Financial Accounts, Ins	struments, Safe Deposi	t Boxes, and S	torage Unit	S									
20.	Within 1 year before you filed for bankruptcy sold, moved, or transferred?	y, were any financial ac	counts or instr	uments he	ld in your name, or for y	our benefit, closed,								
	Include checking, savings, money market, o houses, pension funds, cooperatives, assoc				t; shares in banks, credi	t unions, brokerage								
	Yes. Fill in the details.													
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of acco instrument	unt or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer								
21.	Do you now have, or did you have within 1 y cash, or other valuables?	year before you filed fo	bankruptcy, a	ny safe dep	oosit box or other depos	itory for securities,								
	■ No □ Yes. Fill in the details.													
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe	the contents	Do you still have it?								
22.	Have you stored property in a storage unit of	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?												
	■ No													
	☐ Yes. Fill in the details.													
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, State and ZIP Code)		Describe	the contents	Do you still have it?								
Pai	rt 9: Identify Property You Hold or Control	for Someone Fise												
23.			ude any proper	ty you borr	owed from, are storing	for, or hold in trust								
	■ No													
	Yes. Fill in the details.	When in the man	mt O	Danasika	the company and a	Walna								
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe	the property	Value								
Pai	rt 10: Give Details About Environmental Info	ormation												
Ear	the nurness of Port 10, the following definition	ana anniu												

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or

Debtor 1 Cherrie Ann Kennedy

Case number (if known)

	regulations controlling the cleanup of these substances, wastes, or material.												
		means any location, facility, or propert wn, operate, or utilize it, including disp	-	law,	whether you now own, operate,	or utilize it or used							
		<i>ardous material</i> means anything an env ardous material, pollutant, contaminant		wa	ste, hazardous substance, toxic	substance,							
Rep	ort a	II notices, releases, and proceedings th	at you know about, regardless of wher	the	ey occurred.								
24.	Has	any governmental unit notified you tha	t you may be liable or potentially liable	unc	der or in violation of an environm	ental law?							
		No											
		Yes. Fill in the details.											
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice							
25.													
		No Yes. Fill in the details.											
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice							
26.	Hav	e you been a party in any judicial or adr	ninistrative proceeding under any envi	roni	mental law? Include settlements	and orders.							
		No											
		Yes. Fill in the details.											
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ture of the case	Status of the case							
Par	t 11:	Give Details About Your Business or	Connections to Any Business										
27.	Wit	nin 4 years before you filed for bankrup	cy, did you own a business or have an	y of	the following connections to an	y business?							
		☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time											
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)												
		☐ A partner in a partnership											
		☐ An officer, director, or managing ex	ecutive of a corporation										
		☐ An owner of at least 5% of the votin	g or equity securities of a corporation										
		No. None of the above applies. Go to I	Part 12.										
		Yes. Check all that apply above and fill	in the details below for each business	S.									
		siness Name dress	Describe the nature of the business		Employer Identification number Do not include Social Security								
		mber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper		Dates business existed	number of frin.							
28.		nin 2 years before you filed for bankrup itutions, creditors, or other parties.	cy, did you give a financial statement t	to aı	nyone about your business? Incl	ude all financial							
		No Yes. Fill in the details below.											
	Name Address (Number, Street, City, State and ZIP Code)												
Par	t 12:	Sign Below											

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are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Cherrie Ann Kennedy
Cherrie Ann Kennedy
Signature of Debtor 2
Signature of Debtor 1

Date December 16, 2019
Date
Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No
Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this inform	Fill in this information to identify your case:						
Debtor 1	Cherrie Ann Kennedy						
Debtor 2 (Spouse, if filing)							
United States B	Bankruptcy Court for the: District of South Carolina						
Case number (if known)							

Check	Check as directed in lines 17 and 21:								
1	ording to the calculations required by this tement:								
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).								
	 Disposable income is determined under 11 U.S.C. § 1325(b)(3). 								
	3. The commitment period is 3 years.								
	4. The commitment period is 5 years.								

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

		•						
Par	11: Calculate Your Average Monthly Income							
1.	What is your marital and filing status? Check one of	nly.						
	■ Not married. Fill out Column A, lines 2-11.							
	☐ Married. Fill out both Columns A and B, lines 2-11.							
1 th	ill in the average monthly income that you received from all 01(10A). For example, if you are filing on September 15, the 6-te 6 months, add the income for all 6 months and divide the total courses own the same rental property, put the income from that	month peri	od would in the re	l be March 1 throi sult. Do not includ	ugh August 31 de any income	. If the ame amount m	ount of your monthly income varie ore than once. For example, if bo	ed during
					Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime payroll deductions).	, and cor	nmissio	ons (before all	\$	0.00	\$	
3.	Alimony and maintenance payments. Do not include Column B is filled in.	e paymer	nts from	a spouse if	\$	0.00	\$	
4.	All amounts from any source which are regularly pof you or your dependents, including child suppor from an unmarried partner, members of your househol and roommates. Do not include payments from a spouyou listed on line 3.	t. Include ld, your d	regulai epende	contributions nts, parents,	\$	0.00	\$	
5.	Net income from operating a business, profession, or farm	Debtor '	1					
	Gross receipts (before all deductions)	\$	0.00					
	Ordinary and necessary operating expenses	-\$	0.00					
	Net monthly income from a business, profession, or fa	rm \$	0.00	Copy here ->	\$	0.00	\$	
6.	Net income from rental and other real property	Debtor '						
	Gross receipts (before all deductions)	\$	0.00					
	Ordinary and necessary operating expenses	- \$	0.00		_			
	Net monthly income from rental or other real property	\$	0.00	Copy here ->	\$	0.00	\$	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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Case number (if known)

Column A Column B Debtor 1 Debtor 2 or non-filing spouse 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you____ For your spouse 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled 3,343.93 if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 Total amounts from separate pages, if any. \$ 0.00 11. Calculate your total average monthly income. Add lines 2 through 10 for 3.343.93 3,343.93 \$ each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 3,343.93 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. ☐ You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 0.00 0.00 Copy here=> 3,343.93 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 3,343.93 15a. Copy line 14 here=>

Cherrie Ann Kennedy

Debtor 1

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Debtor 1	Cherrie Ann Kennedy	Case number (if known)	
	Multiply line 15a by 12 (the number of months in a year).		x 12
15	b. The result is your current monthly income for the year for this pa	art of the form. \$	40,127.16

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Debtor	1	Cher	rie Ann Kennedy		Case number (if known	n)		
16.	Calo	ulate	the median family income that applies to y	ou. Follow	hese steps:			
	16a.	Fill in	the state in which you live.	sc				
	16h	Fill in	the number of people in your household.	2				
			the median family income for your state and		ehold.		¢	60,434.00
		To fin	d a list of applicable median income amounts	s, go online i	using the link specified in the separate	······	Ψ	
17.	Hov		ctions for this form. This list may also be avai e lines compare?	lable at the	pankruptcy cierk's office.			
	17a.	_	Line 15b is less than or equal to line 16c. C 11 U.S.C. § 1325(b)(3). Go to Part 3. Do N		. •			
,	17b.		Line 15b is more than line 16c. On the top of 1325(b)(3). Go to Part 3 and fill out Calcu your current monthly income from line 14 al	ulation of Y				
Part :	3:	Cal	culate Your Commitment Period Under 11	U.S.C. § 13	25(b)(4)			
18.	Сор	y your	total average monthly income from line 1	1.		\$		3,343.93
(cont	end th	e marital adjustment if it applies. If you are at calculating the commitment period under 1 acome, copy the amount from line 13.					
	19a	If the	marital adjustment does not apply, fill in 0 on	line 19a.		-\$		0.00
	19b.	Subtr	act line 19a from line 18.				\$	3,343.93
20.	Cald	culate	your current monthly income for the year.	Follow thes	se steps:			
:	20a	Сору	line 19b				\$	3,343.93
		Multip	bly by 12 (the number of months in a year).				X	12
:	20b.	The re	esult is your current monthly income for the ye	ear for this p	art of the form		\$	40,127.16
:	20c.	Сору	the median family income for your state and	size of hous	ehold from line 16c		\$	60,434.00
:	21.	How	do the lines compare?					
			Line 20b is less than line 20c. Unless otherwis	se ordered b	by the court, on the top of page 1 of thi	is form, check bo	x 3, <i>TI</i>	ne commitment
			Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4.	less otherw	se ordered by the court, on the top of	page 1 of this fo	rm, che	eck box 4, The
Part 4	4:	Sig	n Below					
	By s	igning	here, under penalty of perjury I declare that the	he informati	on on this statement and in any attach	nments is true an	d corre	ect.
X			rie Ann Kennedy					
			Ann Kennedy of Debtor 1					
ı	•	Dec	ember 16, 2019					
	lf vo		/ DD / YYYY ked 17a, do NOT fill out or file Form 122C-2.					
	•		ked 17b, fill out Form 122C-2 and file it with t	his form. Or	line 39 of that form, copy your curren	nt monthly income	e from	line 14 above.

Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 06/01/2019 to 11/30/2019.

Line 9 - Pension and retirement income

Source of Income: VA Retirement

Income by Month:

6 Months Ago:	06/2019	\$3,343.93
5 Months Ago:	07/2019	\$3,343.93
4 Months Ago:	08/2019	\$3,343.93
3 Months Ago:	09/2019	\$3,343.93
2 Months Ago:	10/2019	\$3,343.93
Last Month:	11/2019	\$3,343.93
	Average per month:	\$3.343.93

Non-CMI - VA Income

Source of Income: VA Disability

Income by Month:

6 Months Ago:	06/2019	\$3,106.04
5 Months Ago:	07/2019	\$3,106.04
4 Months Ago:	08/2019	\$3,106.04
3 Months Ago:	09/2019	\$3,106.04
2 Months Ago:	10/2019	\$3,106.04
Last Month:	11/2019	\$3,106.04
	Average per month:	\$3,106.04

Non-CMI - Social Security Act Income

Source of Income: Social Security

Income by Month:

6 Months Ago:	06/2019	\$1,818.00
5 Months Ago:	07/2019	\$1,818.00
4 Months Ago:	08/2019	\$1,818.00
3 Months Ago:	09/2019	\$1,818.00
2 Months Ago:	10/2019	\$1,818.00
Last Month:	11/2019	\$1,818.00
	Average per month:	\$1,818.00

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court District of South Carolina

In re	Cherrie Ann Kennedy		Case No.			
		Debtor(s)	Chapter	13		
	DISCLOSURE OF COM	IPENSATION OF ATTOR	RNEY FOR DE	CBTOR(S)		
(Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. compensation paid to me within one year before the rendered on behalf of the debtor(s) in contempla	e filing of the petition in bankruptcy,	or agreed to be paid	to me, for services rendered or to		
	For legal services, I have agreed to accept		<u> </u>	4,000.00		
	Prior to the filing of this statement I have rece			1,657.00		
	Balance Due			2,343.00		
2.	The source of the compensation paid to me was:					
	■ Debtor □ Other (specify):					
3.	The source of compensation to be paid to me is:					
	☐ Debtor ☐ Other (specify): C	hapter 13 Plan				
4.	■ I have not agreed to share the above-disclosed	compensation with any other person	unless they are mem	pers and associates of my law firm.		
	☐ I have agreed to share the above-disclosed con copy of the agreement, together with a list of the copy of the agreement.					
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:					
l	a. Analysis of the debtor's financial situation, and b. Preparation and filing of any petition, schedule: Representation of the debtor at the meeting of c. [Other provisions as needed] Negotiations with secured creditors reaffirmation agreements and appli 522(f)(2)(A) for avoidance of liens of	s, statement of affairs and plan which creditors and confirmation hearing, and to reduce to market value; executions as needed; preparation	may be required; and any adjourned hea emption planning;	rings thereof;		
6. l	By agreement with the debtor(s), the above-disclos Representation of the debtors in an			or any adversary proceeding.		
		CERTIFICATION				
	I certify that the foregoing is a complete statement ankruptcy proceeding.	of any agreement or arrangement for	payment to me for re	epresentation of the debtor(s) in		
D	ecember 16, 2019	/s/ Alecia T. Com				
D	ate	Alecia T. Compto Signature of Attorne Alecia Compton I 109 Oak Avenue Suite A Greenwood, SC 2 (864) 450-9042 F alecia@aleciacon Name of law firm	y Law Office, LLC 29646			

LOCAL OFFICIAL FORM 1007-1(b) TO SC LBR 1007-1

United States Bankruptcy Court District of South Carolina

		District of South Caronna		
In re	Cherrie Ann Kennedy		Case No.	
	•	Debtor(s)	Chapter	13
	CERTIFIC	ATION VERIFYING CREDIT	OR MATRIX	
CM/EC	The above named debtor, or attornated Rule 1007-1 that the master mater, or conventionally filed in a type ation to, the debtor's schedules, statement	d hard copy scannable format which	er on computer d has been compa	iskette, electronically filed via ared to, and contains identical
	Master mailing list of creditors submi	itted via:		
	(a) computer disl	kette		
	(b) scannable har (number of sheets submitted			
	(c) X electronic version	on filed via CM/ECF		
Date:	December 16, 2019	/s/ Cherrie Ann Kennedy		
		Cherrie Ann Kennedy		<u> </u>
		Signature of Debtor		
Date:	December 16, 2019	/s/ Alecia T. Compton		
		Signature of Attorney		
		Alecia T. Compton Alecia Compton Law Office,		
		109 Oak Avenue	LLO	
		Suite A		
		Greenwood, SC 29646		
		(864) 450-9042 Fax: (864) 45		
		Typed/Printed Name/Address/	1 elephone	

5847 SC

District Court I.D. Number

AAFES/MILITARY STAR ATTN: BANKRUPTCY PO BOX 650060 DALLAS TX 75265

CARRINGTON MORTGAGE SERVICES LLC PO BOX 5001 WESTFIELD IN 46074

COMENITY BANK/ASHLEY STEWART ATTN: BANKRUPTCY PO BOX 182125 COLUMBUS OH 43218

COMENITY BANK/LOVELOFT ATTN: BANKRUPTCY DEPT PO BOX 182125 COLUMBUS OH 43218

CREDIT MANAGEMENT, LP ATTN: BANKRUPTCY PO BOX 118288 CARROLLTON TX 75011

EOS CCA ATTN: BANKRUPTCY 700 LONGWATER DR NORWELL MA 02061

FIFTH THIRD BANK FIFTH THIRD BANK BANKRUPTCY DEPARTMENT MAILDROP RCSB3E/1830 E PARIS AVE SE GRAND RAPIDS MI 49546

HECTOR LIMA, FELICIENA LIMA & JESSICA PEREZ 15053 LEICESTERSHIRE STREET WOODBRIDGE VA 22191

IC SYSTEM, INC ATTN: BANKRUPTCY PO BOX 64378 SAINT PAUL MN 55164 INCHARGE DEBT SOLUTIONS 5750 MAJOR BLVD, STE 300 ORLANDO FL 32819

IRS PO BOX 7346 PHILADELPHIA PA 19101-7346

KELLER LENKNER, LLC 150 N. RIVERSIDE PLAZA, STE 4270 CHICAGO IL 60606

MAC FCU 541 10TH AVE FAIRBANKS FAIRBANKS AK 99701

NATIONAL COMMERCIAL SERVICES 6644 VALJEAN AVE, STE 100 VAN NUYS CA 91406

NAVY FCU ATTN: BANKRUPTCY DEPT PO BOX 3000 MERRIFIELD VA 22119

NAVY FEDERAL CREDIT UNION ATTN: BANKRUPTCY PO BOX 3000 MERRIFIELD VA 22119

NETCREDIT 175 W. JACKSON BLVD., SUITE 1000 CHICAGO IL 60604

ONEMAIN FINANCIAL ATTN: BANKRUPTCY PO BOX 3251 EVANSVILLE IN 47731

PIONEER MILITARY LOAN PO BOX 5493 CAROL STREAM IL 60197 POTOMAC CLUB OWNERS ASSOCIATION, INC. C/O CHADWICK WASHINGTON MORIARTY ELMORE & BUNN, PC 3201 JERMANTOWN RD, STE 600 FAIRFAX VA 22030

RYAN II CONDO AT POTOMAC CLUB C/O LEGUM & NORMAN REALTY PO BOX 105771 ATLANTA GA 30348-5771

SC DEPT OF REVENUE PO BOX 12265 COLUMBIA SC 29211

STACKHOUSE MANAGEMENT INC 5199 WATERWAY DRIVE MONTCLAIR VA 22025

SYNCHRONY BANK/CARE CREDIT C/O PO BOX 965036 ORLANDO FL 32896

VERIZON
VERIZON WIRELESS BK ADMIN
500 TECHNOLOGY DR STE 550
WELDON SPRINGS MO 63304

WHITEFORD, TAYLOR & PRESTON LLP 3190 FAIRVIEW PARK DRIVE, STE 800 FALLS CHURCH VA 22042-4510